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## SOME REMARKS ON HOSPITAL ABUSE.

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### President's Address

BEFORE THE ASSOCIATION OF AMERICAN PHYSICIANS,  
AT THE ANNUAL MEETING IN WASHINGTON,  
MAY 4, 1898.

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THE PRESIDENT'S ADDRESS.

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SOME REMARKS ON HOSPITAL ABUSE.

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HOSPITALS are so beneficent, and the lives of many of us are so bound up in them and their work, that we may at times fail to realize that they have any possibilities of evil, either as regards the public in general or our own profession.

With your permission I shall venture to lay before you a few thoughts which came into my mind on this question, some general subject pertaining to medicine seeming to be more suitable for the address with which it is my great privilege, thanks to your unmerited kindness to me, to open our session.

Though it is over four hundred years since this country was discovered, and more than two hundred and fifty years since real settlements by highly endowed members of the Anglo-Saxon race were effected, the first hospital was founded not much more than a century ago. Until approximately fifty years ago the population was relatively homogeneous, and even the largest cities were small enough for the inhabitants to know each other and each other's affairs. There were few poor, and neighborly succor efficiently met illness and the distresses which so often follow in its train. Then began the great Irish immigration, followed by that from almost every overstocked European country; the older cities grew apace, and new cities sprang up as the tide moved westward. The conditions of life changed with enormous rapidity, and every large city developed a class whose earnings or whose lack of thrift do not permit provision against the almost inevitable day when the bread-winner, afflicted with acute or chronic

disease, can win no bread, while the requirements of himself and his family can be but little, if at all, diminished.

We all know from personal experience how wonderfully helpful the members of this class are to each other in trouble of all kinds; also, that their helpfulness has clearly defined limits. The larger the class grows the more imperfectly are its members acquainted with one another and with one another's special needs; and much less are they, as individuals, known to the easier classes. Thus, organized and public must supplement private and individual help in time of need, and it is natural that the hospital should take a high, if not the first, place among the forms of help. We are all mortal; the vast majority of us are unsound somewhere; illness and disability come to many without any fault on their part. Health is an almost indispensable condition of support and usefulness. Its preservation, therefore, appeals directly alike to the head and heart of the community.

All the first hospitals in this country were founded by private individuals, public spirited, anxious to benefit their less fortunate fellow mortal and fellow citizens. But as cities grow large it is often found necessary for the taxpayers to aid and supplement private effort. We see, then, that the original cause for hospital foundation lay in charity—charity in its best and highest sense. Hospitals were designed to help those who could not help themselves; and it has been and is the pleasure as well as the duty of the medical profession to contribute its full share by rendering its services without direct pecuniary reward. But we should never forget that no physician can do conscientious work in a hospital without indirect reward, a portion of which is pretty sure to be pecuniary. The gain in knowledge, the stimulus to its acquirement, the development of the man and doctor alike, which the honest performance of hospital work surely brings, almost as surely lead to the better performance of private work, and hence to the demand for it. As hospital physicians, we are, I think, sometimes inclined to strike a false balance between the sacrifice of time and strength which hospital work demands and the return, which is none the less real because it is indirect and cannot be estimated with mathematical accuracy. Personally, I believe that this natural return is ordinarily ample, and that any conscious and deliberate attempt on our part to enhance it can only be lowering to ourselves and unfair to the general body of the profession.

And just as there are indirect advantages flowing to physicians from hospitals, so also do they flow indirectly to the rich who endow and maintain them, in that the rich profit by the skill acquired by the staff and by the advance in scientific knowledge secured by the minute study of collected cases of disease. Virtue may be its own, but it is not necessarily its only, reward.

I repeat that the primary purpose of hospitals is charitable; hence their immediate benefits should be reserved for the poor, for those who are unable to pay for medical attendance. Poor and rich are, of course, relative terms, and not easy of exact definition. A person may be able to pay one fee, perhaps several fees, but totally unable to pay for prolonged attendance. Medical attendance, moreover, stands on quite a different footing from almost every other necessary of life. There are different grades of food and clothing, even of fuel and light, between which, within certain limits, one can choose without detriment to health but with advantage to the pocket. The first cuts of meat are no more nutritious than the lower grades, and style alone may be the larger element in the cost of clothing, to say nothing of the choice of material. But the poorer a person is, the more purely dependent he and his are on his own exertions, the more important is it for him to have the best medical care attainable. Here economy may be the wildest extravagance. This is an aspect of hospital abuse which cannot be lost sight of. There is no clearly discernible line of cleavage, and, therefore, abstract justice cannot be done in every case; as in most other branches of human activity, substantial justice is the best we can hope at present, at least, to attain. Medical charity in hospitals and dispensaries should be freely extended to those who require it, denied to those who do not and from ignorance or parsimony demand it. The community suffers if provision is insufficient or proper access is difficult. The community also suffers if no questions are asked, the independence and self-respect of the laity being undermined, and the medical profession failing to receive returns which justly belong to it. Alike as citizens and professional men, we should carefully scrutinize the claims of every new charitable medical institution, and refuse our aid and countenance unless satisfied that it is likely to meet a real need in the community.

The same care should be exercised with regard to abuse creeping into existing institutions. The matter lies really in the hands of our

profession. If no physician would serve or aid in promoting a medical charity, so-called, founded mainly on sentimental or selfish considerations, such would soon cease to exist, and the millennium would be at hand. There is too much reason to believe that hospitals and dispensaries are sometimes started purely in the selfish interest of members of our profession.

The second great function of hospitals—second in point of time evolution, though not, I believe, in point of importance—is the educational function, the advancement and dissemination of knowledge. On this function I need not dilate to this audience. It is, of course, more obvious to us than to the laity; but their attention is being more and more called to it. They are quick to see the truth and to recognize the powerful stimulus to the staff to do first-class work afforded by the critical eyes of bright students. The clinical teacher must study his cases carefully; compulsion acts more imperatively on him than on the hospital physician who is not also a clinical teacher. The necessities of teaching and the demand for much material from which to select has been used as an excuse for the abuse of hospitals and dispensaries, and to a certain extent such excuse may be valid. Students should become familiar with as wide a range of disease as possible. The didactic lecture in medicine and surgery is slowly but surely falling into the background, teaching becoming more and more clinical. Patients may be made to pay in their persons if not from their pockets. The student and clinical teacher demand material; the practitioner wants patients. When the student becomes a practitioner his point of view changes. But he should not forget that he, when a student, probably gained in remunerative knowledge more than the equivalent of a few cases which, after he has gone into practice, seek advice at a hospital instead of paying his fees. Our direct losses loom up larger than our indirect gains. I do not mean to imply that a teaching hospital is free from responsibility in regard to this matter. I merely want to indicate that there are two sides to this question, at the same time stating my conviction that very little injustice need be done if a due sense of responsibility is felt and influences action.

Complaint in the medical press of hospital out-patient departments and dispensaries seems to be endemic in England, and there has been of late an epidemic in this country; legislation on the subject has even been seriously considered. It is claimed that the doors of these

institutions are thrown open so widely as to entail great hardship on many worthy members of the profession. That there is some ground for these complaints I fear there can be no question. For some eight years I did out-patient work in the Massachusetts General Hospital, and have no reason to believe that the conditions are materially different now from what they were at that time. The number of cases of deliberate intention to avoid payment for advice was, as I remember, small. Some residents of the city, apparently able to pay, came, seemingly without wrong intent, to get an opinion and see how far it coincided with that of their doctors. More came thus from the country, under the impression that the city must contain more wisdom, not knowing whom there to consult, and not having told their regular advisers that they wanted further advice. The reputation of the hospital, and sometimes the idea derived from the name—"Massachusetts General"—that it is a State institution, to the benefits of which as taxpayers they had a right, determined their coming. Not infrequently patients would come, more commonly from out of town, either with their physician or with a letter from him, asking for a consultation, and perhaps a detailed opinion in writing—no light demand, considering the number of patients requiring attention.

For some years now at the Massachusetts General Hospital a paid medical officer questions applicants to the out-patient department as to their circumstances, and refuses entrance to those who do not seem to him proper cases for free advice. It is also his duty to exclude such diseases as measles, scarlet fever, and the like from the waiting-rooms, in order that their spread may be limited. This is a plan which does not involve a hospital in great expense—five hundred dollars per annum at the Massachusetts General Hospital, with an average of about one hundred new patients a day—as the services do not require more than a couple of hours a day, seems to me as efficient as any plan which has been suggested, and one which it is not unreasonable to expect all similar institutions to carry out.

There is another ground for complaint against hospitals about which less has been said. I refer to the growing practice of attaching pay-wards to hospitals, which, let me repeat once more, are founded and exist for charitable and educational purposes. Patients who pay from twenty to fifty dollars per week for private rooms ordinarily serve neither of the above purposes, and provision for them here seems to

me unfair and improper unless to a very limited extent. This is not a legitimate mode of providing revenue for the care of the sick poor. Our well-to-do citizens are amply able, and I am convinced more than willing, to provide for such cases through gifts, bequests, and taxes. The chances are strong that a hospital that cannot be maintained without the resort to this practice is in whole or in part unnecessary to the community in general, and should, consequently, in whole or in part, close its doors until the community in which it is situated grows up to it. One great and well-known hospital derived fifty-five thousand dollars from this source last year. I am told that other great hospitals are making large investments in this field. I am perfectly well aware of the fact that strangers in the city fall ill in hotels, and that residents are for one reason or another sometimes so situated at their abodes that proper care is difficult or impossible to secure. I know what a boon it sometimes is to patient and physician alike to have access to a well-organized hospital. But this need not and should not be a charitable hospital. This class of patients is sufficiently large in every considerable city to maintain one or more hospitals or infirmaries: private in that they are designed for private patients, public in that any physician can send his patient thither and assume personal care of him, making such professional charges as his wisdom and conscience dictate. This is free-trade in medicine. In a large hospital it is, from an administrative point of view, impossible to allow physicians other than members of the staff to care for patients within its walls. The small private hospital or infirmary can be made to yield a good return on the investment, and no injustice is done to anybody. And it seems to me that injustice to somebody is inevitable when well-to-do patients are admitted to hospitals designed for the sick poor. If the staff is allowed to receive fees for attendance on such patients its members are given an unfair advantage over those members of the profession without hospital appointments, and the hospital becomes a sort of medical trust. The indirect benefits of hospital service are quite sufficient. If the members of the staff are not allowed to take fees the well-to-do patient is injured by receiving gratis services for which he is able to pay and should pay; the time and skill of the attendant is diverted from the sick poor or from such use as he might wish to make of them, and the sum of professional earnings, now none too large, is unfairly diminished. Commercialism tends to

degrade the medical profession, and if well-to-do patients are to be cared for in our great hospitals, it seems to me that the evils of free are less than those of paid professional service.

The Massachusetts General Hospital has eight private rooms of the class I now allude to. Years ago the staff itself established the rule that no fees should be received for attendance on inmates of the hospital, and a printed notice to that effect is placed in each of the private rooms.

The hospital physician can keep his private hospital if he will, or he can, just like any other physician in the town, send his patients to an infirmary. The charitable and educational institution should not step in to save its staff the trouble of housekeeping and of providing and superintending nursing for patients in easy circumstances. It should not demand of its staff unrequited service save for the sick poor. It should not place any unnecessary obstacles in the way of full and free competition between members of our profession. To the exaction of the payment of a few dollars a week from patients who can afford it, who are treated in the ordinary wards, and who can be used for teaching, if suitable cases, I can see no valid objection. The self-respect of the patient is maintained by rendering some return for much needed care, which his circumstances preclude his securing at home, and no just ground for complaint is afforded practising physicians unattached to hospitals.

In this whole question we have a responsibility which we cannot escape. The more fortunate a man is the more mindful should he be of the rights of others, especially of his professional brethren. The staff of the hospital or dispensary should co-operate fully with the trustees, giving them the full benefit of their more intimate knowledge of all professional matters, and always remember the broad therapeutic principle—“*ne quid noceat.*”





